

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32378

*Dr. Lutz*

**1. PLACE OF DEATH**  
a. COUNTY Newton  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho  
c. LENGTH OF STAY (in this place) 1732  
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY Newton  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho  
d. STREET ADDRESS (If rural, give location) 518 Joplin St.

**3. NAME OF DECEASED**  
a. (First) Davie  
b. (Middle) Clinton  
c. (Last) Lay  
4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1952

**5. SEX** Male  
**6. COLOR OR RACE** White  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W  
**8. DATE OF BIRTH** Sept. 5, 1952  
**9. AGE** (In years last birthday) 18  
If under 1 year: Months 18 Days 18  
If under 12 mos. Hours 18 Min. 18

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Infant  
**10b. KIND OF BUSINESS OR INDUSTRY**  
**11. BIRTHPLACE** (City and State or Foreign Country) Neosho, Missouri  
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Elmer Lay  
**13b. MOTHER'S MAIDEN NAME** Ina Callahan  
**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No  
**16. SOCIAL SECURITY NO.** NONE  
**17. INFORMANT'S SIGNATURE OR NAME** Elmer Lay  
**ADDRESS** Neosho, Missouri

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) Premature Birth with Atelctomy  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)**  
**DUE TO (c)**  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
**INTERVAL BETWEEN ONSET AND DEATH** 18 hrs

**19a. DATE OF OPERATION**  
**19b. MAJOR FINDINGS OF OPERATION** 7625  
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)  
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**  
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 7:10 P.M.  
**21e. INJURY OCCURRED WHILE AT WORK** ☐ NOT WHILE AT WORK ☐  
**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from Sept 5, 1952, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 7:10 P.M., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) Harold B. Lutz, M.D.  
**23b. ADDRESS** Neosho, Mo.  
**23c. DATE SIGNED** Sept 17, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial  
**24b. DATE** 9-8-52  
**24c. NAME OF CEMETERY OR CREMATORY** I.O.O.F.  
**24d. LOCATION** (City, town, or county) (State) Neosho, Missouri

**DATE REC'D BY LOCAL REG.** 9-17-52  
**REGISTRAR'S SIGNATURE** Melvin C. Bowman, M.D.  
**25. FUNERAL DIRECTOR'S SIGNATURE** Carly Thompson  
**ADDRESS** Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date filed SEP 18 1952

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Ray P. Adams

Student Embalmer No. 474

working under my personal supervision.

Student Ray P. Adams.....  
Student Embalmer

Signed

Lesley Thompson, Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.